

**CERTIFICATION OF DEBTOR  
REGARDING MONTHLY REPORT**

Debtor: GIOVANNI CERIMELE  
Chapter 13 Case No.: 13-17-16196

I, GIOVANNI CERIMELE, declare under penalty of perjury that the following information is true and correct:

1. I am the business debtor in the above referenced matter.
2. I have completed and attached a Monthly Financial Report for the month of DECEMBER, 2017.
3. All of the information in the Monthly Financial Report is complete, true and correct to the best of my knowledge, information and belief.

Date: X 5-8-18

X Giovanni Cerimele  
Debtor

***\*YOU ARE REQUIRED TO COMPLETE A MONTHLY FINANCIAL REPORT FOR FIRST MONTH YOU FILED FOR BANKRUPTCY AND RETURN IT IMMEDIATELY WITH THE OTHER ATTACHED PAPERWORK.***

***\*\* YOU ARE ALSO REQUIRED TO FILL OUT MONTHLY FINANCIAL REPORTS FOR EACH AND EVERY MONTH AFTER YOU FILED YOUR PETITION UNTIL YOUR PLAN IS CONFIRMED BY THE COURT. PLEASE MAKE PHOTOCOPIES OF THE ATTACHED MONTHLY FINANCIAL REPORT FORM, AS NEEDED.***

***\*\*\* FAILURE TO PROVIDE THE MONTHLY FINANCIAL REPORTS AS STATED ABOVE WILL HOLD UP THE CONFIRMATION OF YOUR CASE AND POSSIBLY CAUSE YOUR CASE TO BE DISMISSED.***

**CERTIFICATION OF BUSINESS DEBTOR**

Office of Chapter 13 Standing Trustee

I, GIOVANNI CERIMELE, being of full age and duly sworn upon my oath, depose and say:

1. I have 1 employees and have filed quarterly tax returns through the quarter ending 03/31/2018.
2. I have 2 independent contractors that have performed services and have filed 1099's through the year of 2017.
3. I have filed the necessary 940 (FUTA) tax returns through the year 2017.
4. My principal business activity is PIZZA / SUBS CARRY OUT.
5. My business is a sole proprietorship / partnership / corporation / limited liability company

(Circle One)

*{If your business is other than a sole proprietorship, please provide copies of your partnership agreement, corporate charter, or limited liability charter}*

6. The gross income from my business for the previous year was \$131,374.00, and the net income after expenses was \$33,469.00. [Note – this form assumes a calendar year financial basis. If you are on a fiscal year, please so indicate.]
7. I have filed tax returns (business and personal) through the year ended December 31, 2017 with the Internal Revenue Service.
8. I have filed state tax returns (business and personal) through the year ended December 31, 2017 with the Commonwealth of Pennsylvania. FILED EXTENSION
9. I began my current business on 01/01/2015.
10. My business is located at 3060 COMPASS RD., HOMERBROOK, PA.

19344

11. I have have not (circle one) pledged any business receivables, rents, profits, or other cash as collateral for any loans.

12. I have have not (circle one) incurred "trade credit" in producing self-employment income.

[Trade credit has been described as credit that firms extend to other firms in the ordinary course of business through the creation of receivables or payables. Trade credit involves the exchange of goods and services for other goods and services without the payment of money. This includes the extension of credit by debtor to clients or the extension of creditors' supplies to debtor.]

13. Licenses: Provide copies of the following, if applicable:

\* Business License (If a business license is not required for your business/self-employment please explain )  
\_\_\_\_\_

\* Seller's permit \_\_\_\_\_

\* Contractor's license \_\_\_\_\_

\* License to rent real property \_\_\_\_\_

\* Other license currently used \_\_\_\_\_

I have reviewed and completed the attached forms regarding insurance coverage

(Exhibit A), business assets (Exhibit B), and bank accounts (Exhibit C).

I have attached copies of the insurance policies as proof of coverage, licenses if

applicable, bank statements, and the previous two years tax returns (business and

personal).

I declare under penalty of perjury that the foregoing information is true and correct.

X 

(Debtor)

## INSURANCE COVERAGE

### OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Please check if you carry any of the following types of insurance for your business.  
(You must attach a copy of the most recent declaration page for each insurance which you carry for your business.)

	Date Effective To	Coverage Amount
<input checked="" type="checkbox"/> General Liability	<u>12-9-18</u>	<u>1,000,000</u>
<input type="checkbox"/> Workers Compensation	<u>                    </u>	<u>                    </u>
<input checked="" type="checkbox"/> Property	<u>12-9-18</u>	<u>200,000.00</u>
<input checked="" type="checkbox"/> Fire/Extended Coverage	<u>12-9-18</u>	<u>260,000.00</u>
<input checked="" type="checkbox"/> Theft	<u>12-9-18</u>	<u>45,000.00</u>
<input type="checkbox"/> Auto (for business vehicles)	<u>                    </u>	<u>                    </u>
<input type="checkbox"/> Other (state nature of coverage below)	<u>                    </u>	<u>                    </u>
	<u>                    </u>	<u>                    </u>
	<u>                    </u>	<u>                    </u>

**EXHIBIT A**

## BANK ACCOUNTS

Office of Chapter 13 Standing Trustee

- a) Provide COPIES, not originals, of bank statements for all accounts for the 3 months prior to your Chapter 13 Petition. (Note: Trustee may request copies of canceled checks for this time period to clarify data contained in the bank statements.)
- b) Are you the only authorized signatory(ies) on the account(s)? YES NO  
If NO, specify who else is an authorized signer \_\_\_\_\_

BANK NAME	ACCOUNT NUMBER	ACCOUNT TYPE	PURPOSE OF ACCOUNT
B.B.T	139 000 3489	Checking	Business
	221		
CITIBANK	10700000 736251	Checking	Personal

**EXHIBIT B**

## BUSINESS ASSETS

Office of Chapter 13 Standing Trustee

PLEASE LIST EVERY BUSINESS ASSET USED IN THE OPERATION OF  
REGARDLESS OF WHETHER IT IS LEASED OR ENCUMBERED

ASSET	ORIGINAL COST	AGE OF ASSET	ESTIMATED CURRENT MARKET VALUE
Pierce	3,000.00	15 Yrs.	1,500.00
801 Home	1,700.00	5 Yrs.	1,000.00
Deep Machine	5,000.00	25 Yrs.	2,500.00
Grill	1,200.00	12 Yrs.	500.00
Shower	600.00	10 Yrs.	300.00
Sink	800.00	20 Yrs.	400.00
Cooler	1,200.00	10 Yrs.	500.00

EXHIBIT C

## MONTHLY FINANCIAL REPORT OF BUSINESS OPERATIONS

Debtor Name: GIOVANNI CERIMELE  
Case No: CH 13-17-16196  
Business Name: PASQUALE'S PIZZA EXPRESS, LLC  
For the Month & Year (1/05, etc.): 12/17

### BUSINESS INCOME:

(1)	Actual Income from Sales & Service	\$	
(2)	Other (Specify)	\$	
(3)	Other (Specify)	\$	
(4)	Total Actual Income (1+2+3)	\$	<u>11850.69</u>

SEE ATTACHMENT

### ACTUAL BUSINESS EXPENSE PAID

(5)	Rent/Lease	\$	
(6)	Utilities (Electricity, Gas, Water&Sewer)	\$	
(7)	Telephone	\$	
(8)	Insurance	\$	
(9)	Wages for Employees	\$	
(10)	Wages for Self/Owner(s)	\$	
(11)	Taxes	\$	
(12)	Gas and Fuel for Business Vehicles	\$	
(13)	Other (Specify)	\$	
(14)	Other (Specify)	\$	
(15)	Other (Specify)	\$	
(16)	Total Actual Business Expenses Paid Or (sum of 5 through 16)	\$	<u>11759.17 *</u>

SEE ATTACHMENT

(17)	Net Business Income/Loss (line 4-Line 16)	\$	<u>91.52</u>
(18)	Net Wages From Regular Employment-Dei	\$	<u>644.85</u>
(19)	Net Wages From Regular Employment-Spr	\$	
(20)	Amount Carried Over From Last Month	\$	
(21)	Total Net Monthly Income (sum of 17 thr	\$	<u>736.37</u>

### PERSONAL

(22)	Rent/Mortgage	\$	<u>1390.30</u>
(23)	Utilities (gas, electric, water, sewer, fuel)	\$	<u>216.49</u>
(24)	Telephone	\$	<u>55.00</u>
(25)	Food HOME DEPOT	\$	<u>161.51</u>
(26)	Transportation (fuel, tolls, parking)	\$	
(27)	Other (specify) COMCAST	\$	<u>147.66</u>
(28)	Other (specify) MEMBERS 1 <sup>ST</sup>	\$	<u>371.40</u>
(29)	Other (specify) MAG INS.	\$	<u>133.00</u>
(30)	Other (specify) N.Y. LIFE	\$	<u>149.00</u>
(31)	Other (specify) MECHANIC	\$	<u>305.00</u>
(32)	Total Actual Personal Expenses Paid (22	\$	<u>2929.41</u>

### NET INCOME (LOSS)

(33)	Gross Excess Income (line 21 - line 32)	\$	
(34)	MONTHLY CHAPTER 13 PLAN PAYMENT	\$	<u>748.00</u>
(35)	Net Excess Income (line 33 - line 34)	\$	

carry amount on line 35 to next month line 20

EXHIBIT D

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04/19/18

Cash Basis

**PASQUALE'S PIZZA EXPRESS LLC**

**Profit & Loss**

**December 2017**

	<u>Dec 17</u>
Income	
3000 • Sales	
3011 • Sales - Food	11,173.58
3015 • Sales Tax Discount	6.70
3040 • Sales Tax Collected	670.41
Total 3000 • Sales	<u>11,850.69</u>
Total Income	11,850.69
Cost of Goods Sold	
4000 • Cost of sales	
4060 • Food Purchases	5,217.82
Total 4000 • Cost of sales	<u>5,217.82</u>
Total COGS	<u>5,217.82</u> *
Gross Profit	6,632.87
Expense	
4100 • Sales Tax Paid	670.41
5050 • Advertising	
5055 • Advertising	300.00
Total 5050 • Advertising	<u>300.00</u>
5150 • Commissions and Fees	
5155 • Bank/Service Charges	283.59
Total 5150 • Commissions and Fees	<u>283.59</u>
5300 • Insurance	
5310 • Business Insurance	133.00
Total 5300 • Insurance	<u>133.00</u>
5400 • Legal & Professional Fees	
5405 • Meyer Accounting Service	192.00
Total 5400 • Legal & Professional Fees	<u>192.00</u>
5500 • Rent or Lease	
5505 • Building Rent	500.00
Total 5500 • Rent or Lease	<u>500.00</u>
5600 • Supplies	
5605 • Disposable Paper/Plastics	322.40
Total 5600 • Supplies	<u>322.40</u>
5650 • Taxes & Licenses	
5655 • Employer FICA	66.94
5660 • PA UC Fund	9.29
5665 • Federal UC	0.00
5695 • Real Estate Taxes	2,029.89
Total 5650 • Taxes & Licenses	<u>2,106.12</u>
5750 • Utilities	
5755 • Electric	400.00
5760 • Propane	321.83
5765 • Telephone	100.00
5775 • Trash	100.00
Total 5750 • Utilities	<u>921.83</u>
5805 • Gross Payroll - Member	875.00
5850 • Other Expenses	
5855 • Linen	92.00
5860 • Testing/Inspection	45.00



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**PASQUALE'S PIZZA EXPRESS LLC**

04/19/18

**Profit & Loss**

Cash Basis

December 2017

	Dec 17
5865 - Security System	100.00
Total 5850 - Other Expenses	237.00
Total Expense	6,541.35 *
Net Income	91.52



Page 1 of 4 12/29/17  
PA 1390003488221

BB&T

717-66-01-00 10639 12 C 001 28 S 66 002  
PASQUALES PIZZA EXPRESS LLC  
3060 COMPASS RD  
HONEY BROOK PA 19344-9071

## Your account statement

For 12/29/2017

## Contact us



BBT.com



(800) BANK-BBT or  
(800) 226-5228

BB&T is pleased to announce that beginning on Dec. 11, 2017, the available balance in your account will be updated multiple times throughout the day upon receipt of a same-day, electronic, direct deposit transaction. If a same-day direct deposit is received to your account by 5 p.m. local time, Monday through Friday, on regular business days you will have intraday access to these funds earlier in the day which allows you to better manage your cash positioning.

Please feel free to contact your local financial center or call Phone24 at 800-BANK-BBT (800-226-5228) if you have any questions.

Thank you for banking with BB&T.

BB&T, Member FDIC

### ■ BUSINESS VALUE 200 1390003488221

#### Account summary

Your previous balance as of 11/30/2017	\$2,511.02
Checks	- 5,403.95
Other withdrawals, debits and service charges	- 3,822.96
Deposits, credits and interest	+ 8,826.56
Your new balance as of 12/29/2017	= \$2,110.67

#### Checks

DATE	CHECK #	AMOUNT(\$)	DATE	CHECK #	AMOUNT(\$)	DATE	CHECK #	AMOUNT(\$)
12/15	2780	517.00	12/11	2786	500.00	12/21	2792	500.00
12/05	*2783	695.30	12/14	*2788	562.00	12/28	2793	305.00
12/07	2784	500.00	12/22	*2790	192.00	12/29	*2795	600.00
12/07	2785	500.00	12/21	2791	161.17	12/05	*870012	371.48

Total checks = \$5,403.95

\* indicates a skip in sequential check numbers above this item

#### Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
12/01	ACH CORP DEBIT FEES BKCD PROCESSING Pasquales CUSTOMER ID 019668000975661	283.59
12/04	DEBIT CARD PURCHASE HILLSIDE BULK FOOD 12-01 GAP PA 1228	226.06
12/04	DEBIT CARD RECURRING PYMT CRICKET WIRELESS 12-03 855-246-2461 FL 1228	55.00
12/04	DEBIT CARD PURCHASE-PIN 12-04-17 PARKESBURG PA 1228 THE HOME DEPOT 8955	161.58
12/07	DEBIT CARD PURCHASE-PIN 12-06-17 GAP PA 1228 1403 W KINGS HWY	228.24
12/11	DEBIT CARD PURCHASE HILLSIDE BULK FOOD 12-08 GAP PA 1228	210.42
12/12	DEBIT CARD PURCHASE TURKEY HILL #0118 12-11 GAP PA 1228	76.29
12/12	DEBIT CARD PURCHASE COMCAST 12-12 800-COMCAST NJ 1228	85.55
12/15	BUS ONLINE BILL PAYMENT ONLINE PMT AJ BLOENSKI INC PASQUALES PIZZA EXPRES	100.00
12/15	BUS ONLINE BILL PAYMENT ONLINE PMT MONITRONICS PASQUALES PIZZA EXPRES	100.00

continued

■ BUSINESS VALUE 200 1390003488221 (continued)

DATE	DESCRIPTION	AMOUNT(\$)
12/15	BUS ONLINE BILL PAYMENT ONLINE PMT PECO ENERGY PASQUALES PIZZA EXPRES	216.49
12/15	BUS ONLINE BILL PAYMENT ONLINE PMT PECO ENERGY PASQUALES PIZZA EXPRES	400.00
12/15	ACH CORP DEBIT USATAXPYMT IRS PASQUALES PIZZA EXPRES CUSTOMER ID 270774913734206	260.85
12/15	ACH CORP DEBIT USATAXPYMT IRS PASQUALES PIZZA EXPRES CUSTOMER ID 270774913734206	0.01
12/18	DEBIT CARD PURCHASE Pasquales 12-15 Honey Brook PA 1228	219.53
12/18	DEBIT CARD PURCHASE HILLSIDE BULK FOOD 12-15 GAP PA 1228	565.07
12/20	ACH CORP DEBIT PASTSALETX COMMWLTHOFFPA INT 1317000006211669 CUSTOMER ID 472651416	300.00
12/21	PURCHASE VALPAKOFFPHILADEL XXXX PASQUALES	234.30
12/22	DEBIT CARD PURCHASE HILLSIDE BULK FOOD 12-21 GAP PA 1228	100.00
12/27	BUS ONLINE BILL PAYMENT ONLINE PMT AT&T MOBILITY PASQUALES PIZZA EXPRES	= \$3,822.96
Total other withdrawals, debits and service charges		

Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
12/01	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	310.74
12/04	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	329.79
12/04	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	540.37
12/04	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	827.53
12/04	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	92.07
12/05	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	207.14
12/07	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	251.04
12/08	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	197.41
12/11	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	414.75
12/11	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	616.89
12/11	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	298.52
12/12	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	303.38
12/14	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	250.06
12/15	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	284.73
12/18	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	407.16
12/18	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	636.65
12/18	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	158.83
12/19	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	271.47
12/21	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	209.48
12/22	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	206.90
12/26	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	344.83
12/26	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	570.25
12/26	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	593.03
12/26	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	311.64
12/28	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	191.90
12/29	DEPOSIT BKCD PROCESSING Pasquales CUSTOMER ID 019666000975661	= \$8,826.56
Total deposits, credits and interest		

PASQUALE'S PIZZA EXPRESS LLC  
3060 COMPASS RD  
HONEYBROOK, PA 19344

Giovanni Cerimele  
108 Clysdale Circle  
Honey Brook, PA 19344

Employee Pay Stub		Check number: Cash		Pay Period: 12/01/2017 - 12/31/2017		Pay Date: 12/31/2017			
Employee				SSN					
Giovanni Cerimele, 108 Clysdale Circle, Honey Brook, PA 19344				***-**-9591					
Earnings and Hours		Qty	Rate	Current	YTD Amount	Paid Time Off	Earned	YTD Used	Available
Salary - Member				875.00	10,500.00	Sick	0:00		0:00
Taxes				Current	YTD Amount	Vacation	0:00		0:00
Local				-8.75	-105.00				
Medicare Employee Addl Tax				0.00	0.00				
Federal Withholding				-126.99	-1,516.88				
Social Security Employee				-54.25	-651.00				
Medicare Employee				-12.69	-152.25				
PA - Withholding				-26.86	-322.32				
PA - Unemployment Employee				-0.61	-7.35				
				-230.15	-2,756.80				
Adjustments to Net Pay				Current	YTD Amount				
LST					-5.00				
Net Pay				644.85	7,738.20				